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00128	pap hav	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
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MORRISTOWN, NJ 07962-2245				Paul D. Amrozowicz			(Depositor's name)
			/PAULD.AMROZOWICZ/			(Signature)	
		February	13, 200	(Dete)			
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/716,913 11/18/2003			Mitchell S. Fletcher	ther H00043771622			6411
TITLE OF INVENTION: PROTECTIVE BUS INTERFACE AND METHOD							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	02/14/2007
EXAMINER ART UNIT			CLASS-SUBCLASS]			
BONZO, BRYCE P 2113			714-005000				
	nee address or indication indence address (or Cha /122) attached. eation (or "Fee Address for more recent) attach	2. For printing on the pattern front page, list (1) the names of up to 3 registered pattent autorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered autorney or agent), and the names of up to 3 registered pattern autorneys or agents. If no name is 3					
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	ne)			
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Honeywell International, Inc. Morristown, NJ							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fec(s) a	small entity discount p	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card, Form PTO-2038 is attached. SThe Director is hereby authorized to charge the required fie(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-20[91]. (enclose an extra copy of this form).					
5. Change in Entity State			-				
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Authorized Signature		DateFel	ruary	13, 2007			
Typed or printed name		Registration No. 45,264					
This callection of information is required by 3 CFB, 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially its governed by 3 USC 1.22 and 37 CFB, 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending entering the USPTO. The complete of the USPTO. The USPTO							

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